WOMEN, DOMESTIC ABUSE AND SOMEONE ELSE'S SUBSTANCE USE

Findings and recommendations from our project supporting women

Adfam

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About Adfam

Adfam is the only national charity improving life for families and friends affected by the drug, alcohol or gambling habits of a loved one. We do this by:

- empowering families and friends affected by drugs, alcohol or gambling to get the support they need.

- building the confidence, capacity and capability of frontline practitioners to provide effective services.

- influencing decision-makers to understand the needs of thousands of people coping with the effects of a family member or friend mis-using alcohol or drugs, or gambling.

We want anyone affected by someone else's drug, alcohol or gambling problem to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing.

Acknowledgements

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INTRODUCTION AND SETTING THE SCENE

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Introduction

Between 2017 and 2020 Adfam ran a project with a focus on women affected by both someone else's substance use, and domestic abuse. The project is described later in this document. The aim of this report is to highlight issues at the interface between these two experiences. As we highlight later, policy and support across the two areas are often not aligned; yet they often co-occur and can be inter-related.

This report sets the scene and provides context for the support provided to women experiencing domestic abuse or the effects of the substance use of a loved one. It describes the work we carried out, but the main goal is to share our 'messages from the frontline'; the feedback and challenges which were shared with us by professionals working with women, and by women themselves. We hope that this serves to amplify the voices of those best-placed to know what works and what is needed, and a mechanism to disseminate what they shared with us.

Background

For 35 years Adfam has supported those affected by a loved one's substance use, and campaigned for improved financial investment in, and recognition of, the services that support them. It has always been clear that women are disproportionally affected. The vast majority of those seeking support are women, and where loved ones set up local support groups this is, in Adfam's experience, almost exclusively done by women. We could discuss the respective roles of men and women, or whether men are more likely to 'bottle up' what's going on. It's not so simple that we can suggest that men are rarely affected. However, there are undoubtedly ways in which particular impacts – and particular harms – fall disproportionately on women. For instance, 48% of women in prison in England have committed their offence in order to support the drug use of someone else (Women In Prison 2020).

Despite the overlapping impacts, the discourse around women affected by domestic violence has often happened independently of that around the impact of substance use. As the only national organisation focussing on drug and alcohol family support, Adfam is well

placed to look at the interface of these issues and to be part of the growing momentum to bring these (and other related) conversations together.

Setting the Scene

Domestic Abuse

In recent years domestic abuse has become an issue of growing socio-political concern. Earlier gender and cultural norms which kept the issue hidden or ignored are increasingly being challenged. It is now recognised in both public and political discourse that domestic abuse is prevalent, and results in the death of thousands of women across the world each year. Statistics from the World Bank (2019), UN Women (2019) and the WHO (2013) state that approximately one third of women in the world experience some type of violence against them at least once in their lives. In 2017, 87,000 cases of femicide occurred at the hands of a partner or family member (UN Women 2019). This high prevalence rate has led to domestic abuse being considered a global public health problem (Ibid).

In 2018, the UK government updated its definition of domestic abuse, describing it as "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over, who are, or have been, intimate partners or family members regardless of gender or sexual orientation". This formalised the growing recognition that domestic abuse is not limited to physical violence but also includes emotional, psychological, economic, and sexual abuse. In England and Wales, more than 2 million adults (16-59 years old) in 2019 self-reported domestic abuse, of which 66.7% were women (ONS, 2020).

Domestic abuse is an issue affecting women from all socio-economic backgrounds, but factors such as class, income and age affect the likelihood of experiencing abuse. Women in households with an income of less than £10,000 are 3.5 times more at risk than those in households with an income of over £20,000 (Safe Lives, 2014). Women under 25 are the age group most likely to experience domestic violence (Walby and Allen, 2004).

There is no evidence to suggest that women from some ethnic or cultural communities are at a higher risk than others, however, the form of abuse that women may face can vary from community to community (Women's Aid, 2020). In addition, women from Black, Asian or minority ethnic communities (BAME) are likely to face additional barriers to receiving support (Ibid). The experiences of women from BAME communities experiencing domestic

abuse may also be compounded by institutional racism and other systemic factors, which can be a barrier to these women seeking help from statutory services.

Qualitative research makes clear that, along with the obvious dangers of reporting a perpetrator, women experiencing domestic abuse often do not speak out for fear of stigmatisation. Stigma can result in women being blamed, disbelieved, or having their children removed from their care (Clinks and Vonne, 2016). BAME women and other disadvantaged groups are most likely to experience being ignored, belittled, or shamed (Womens Aid, 2020).

In recent years the UK government has taken legislative action and made some commitment to funding strategies to reduce domestic abuse. Following previous cuts to services as part of austerity measures, in 2017 the Government committed £100 million pounds towards tackling domestic abuse. However, although welcome, this funding was deemed insufficient by campaigners and those working in the sector, with the average cost of abuse against women estimated to be at least £66 billion per year (Home Office, 2020a).

Key legislative measures have included:

i) **Protection of Freedoms Act (2012),** making stalking an offence (Bindmans 2012).

ii) **Extension of the legal definition of Domestic Violence** to include 16 and 17 year olds (Woodhouse, and Dempsey, 2016).

iii)**The Serious Crime Act (2015)** introduced controlling and coercive behaviour in an intimate or family relationship as a criminal offence (Woodhouse, and Dempsey 2016)

iv) **Clare's Law (2016):** the government introduced the Domestic Violence Disclosure Scheme, which gives citizens the right to request information from the police about existing records abusive or violent behaviour of a partner (Home Office 2016).

Despite these measures, domestic abuse support remains patchy (Agenda and AVA 2019). There also remains a huge gap in the provision of culturally specific services (Women's Aid, 2020).

Substance use and families

The state of family support in the substance use sector paints a similar picture to that of domestic abuse. Substance use is a common issue affecting families in the UK; one in three adults have been negatively affected by the substance use of someone they know, and one in ten describe themselves as currently affected (Adfam/ YouGov, 2019). The negative impact on affected family members and friends include mental ill-health, relationship difficulties, caring responsibilities, financial strain, isolation, stigma and violence and abuse (Ibid).

In recent years there has been greater political acknowledgement of the impacts of substance use on affected others:

i) **The Government's 2010 Drug Strategy** recognised that treatment for drug users is likely to be more effective where families are closely involved (HM Government 2010).

ii) **The 2013-2015 Troubled Families programme,** a targeted intervention supporting families facing multiple disadvantage, includes families where alcohol and drugs are misused, as well as families where domestic violence is occurring (Bate and Bellis, 2017). In 2013, Government announced that a second programme would run from 2015/16- 2021 and a total of £1.1 billion of funding has been committed to March 2021, with an additional £165 million announced in Government's November Spending Review 2020 for 2021-22 (HM Government 2013).

iii) **The 2015 Care Act** placed a new responsibility on local authorities to identify and provide services for carers in need of support, including those caring for someone because of drug or alcohol problems. The UK Drug Policy Commission (UKDPC) has recognised this group of carers as having significant needs, due to the stress of living with and/ or caring for someone with such complex problems, and the Act pledged to recognise and provide better support. Anyone providing unpaid care to a family member or friend, who could not otherwise manage, is eligible to receive a carers assessment to determine whether they are eligible for additional support.

iv) **The Government's 2017 drug strategy** recognised the importance of family support for both an individual's recovery and for the benefit of the families

themselves, and recommended that local and community-based initiatives should involve support for families wherever possible.

v) **The Government's 2017 Guidelines on Clinical Management for Drug Misuse and Dependence (the 'Orange Book')**, recognised the impacts of drug misuse on families and their need for support and treatment plans in their own right.

vi) **The House of Commons Health and Social Care select committee's 2019 drugs policy report** also acknowledged the importance of support for families, in part thanks to Adfam's oral evidence given in July 2019.

vii) **Independent review of drugs by Professor Dame Carol Black** is currently underway and is looking at the harm that drugs cause, and look at prevention, treatment and recovery. Adfam submitted evidence of the impact on family members and phase 2 is currently underway.

These reports and policies have given greater recognition to the fact that family members are often an unconsidered and unpaid resource providing essential care to relatives.[1] However, unless translated into local level policies, national strategies do not have a significant impact on the ground. A review of family support policies carried out in 2012 concluded that, at a local level, family support is patchy and insufficient (Copello and Templeton, 2012). Since then, access to specialised support for families has very much remained a postcode lottery. This is reflected in the experiences of practitioners, over half of which reported a decrease in available funding in Adfam's latest *State of the Sector: Drug and Alcohol Family Support Survey* (Adfam, 2019). This is coupled with a reported increase in more complex needs from family members presenting at services (Adfam, 2019).

Where there has been increasing recognition for families in policy and treatment plans, the focus has tended to be on children. There have been numerous publications from organisations in the substance use and care sectors, on the effects of drug and alcohol related harms on children, and this has informed campaign work and subsequent policy (Hedges and Kenny, 2018). An example is the 2018 Department of Health and Social Care and the Department for Work and Pensions committed joint funding of £4.5m to provide better support for children of alcohol dependent parents (HM Government, 2018). This

[1] In 2008, the cost of care provided by families to drug and alcohol users was calculated to be worth £747 million per year if it was to be delivered by health and social care (Copello and Templeton 2012).

provision is, of course, welcomed. However, adult family members have remained largely overlooked despite the clear need (Adfam/YouGov 2019).

Though statistics show that a similar number of men and women self-report being affected by the substance use of a loved one in the UK, it is also clear that associated harms fall disproportionately on women. 18% of women affected report having to take on caring responsibilities vs only 11% of men (Adfam/ YouGov 2019). Other associated harms include mental ill-health, relationship difficulties, financial strain, isolation, stigma and violence and abuse, all of which affect women at a reportedly higher rate (Ibid). Research with families of those with co-occurring mental ill-health and substance use problems and anecdotal evidence gathered by Adfam through a long history of working with affected families and practitioners, supports these statistics. In the light of this, Adfam held a gender roundtable in January 2019 which brought together policy leads, project managers, academics and experts by experience to discuss why it is so often mothers or female partners left to 'pick up the pieces'. This discussion was informed by the results of a survey Adfam carried out called 'Picking up the Pieces: caring as a result of somebody else's substance use', which found that 98% of (the 98% women) carers who took part do not feel that their role as a carer is recognised or understood by wider society, 90% feel the same about social services, and many of these women do not formally identify themselves as carers. As with domestic violence, stigma can also play a role, preventing women from seeking or receiving support.

Women, substance use and domestic abuse

It is well established that women and girls who experience domestic abuse are more vulnerable to alcohol and drug misuse themselves (Safe Lives, 2015). Women who have experienced domestic abuse are 15 times more likely to abuse alcohol and nine times more likely to abuse drugs than those without a history of abuse (Addiction Centre, 2020). Drug use and/or alcohol consumption, especially at harmful and hazardous levels, is also a major contributor to domestic abuse and intimate partner violence (World Health Organisation, 2019). Research carried out by Alcohol Change in 2014 found that two thirds of 'domestic' incidents known to the police were found to involve at least one of the couple concerned being under the influence of alcohol. In the UK, nearly a quarter of women affected by someone else's substance use report having experienced physical violence or abuse related to this (Adfam/YouGov, 2019), and men who are dependent on alcohol or drugs are six times more likely to be involved in domestic abuse against women (Yu et al., 2019). Abuse faced

by women as a result of someone else's substance use is not limited to abuse perpetrated by a partner, but also includes child to parent abuse (CPA), often from adult children, which is less commonly recognised as such. CPA is largely neglected by domestic abuse policy, is under-recognised and under-reported by services, and although it does impact fathers, it is much more commonly perpetrated against mothers (Adfam and AVA, 2012).

ADFAM'S WOMEN'S PROJECT

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Adfam's Women's project (2017-2020), funded by the Department for Culture, Media and Sport (via the 'Tampon Tax' fund) sought to reduce the risks to women experiencing domestic violence or abuse in homes where drugs and alcohol are used through:

- A national training programme to develop the skills of practitioners to identify women at risk of domestic violence in these circumstances, and refer them to specialist services that address Violence Against Women and Girls (VAWG).
- Training volunteers at a local level to develop the capacity of community groups in the Voluntary and Community Sector.

In 2017, we held a consultation via an online survey and local focus groups, asking affected women and practitioners in drug and alcohol family support and domestic violence services, for their views on appropriate programme content. The findings[2] highlighted a number of key themes which shaped our project delivery design:

1. Practitioners highlighted the disparate nature of services, the difficulty of keeping up to date with what other local services were working on these issues, and of understanding their focus of work. They highlighted the importance of opportunities to make professional connections with other services, and the pressures which made this difficult.
2. The infrequency with which women affected are reported (by practitioners) to identify behaviour as abusive. It is sometimes identified as problematic, but the word 'abuse' is rarely used.
3. The patchy use of assessments which would comprehensively identify abusive behaviour, particularly with drug and alcohol family support services.
4. The lack of confidence of practitioners to deal with issues of abuse, although most practitioners reported a range of interventions and approaches that were currently being used to address the issue, and high levels of referral to specialist services.
5. The patchy use of assessments which would comprehensively identify the impacts of others' drug or alcohol use, particularly within domestic abuse services.
6. The large numbers of practitioners who had not received specialist training in the issue in which their own service was not specialist (domestic abuse practitioners

[2]

were not widely trained in drug and alcohol issues, and drug and alcohol family support service practitioners were frequently not trained in domestic abuse).

Responding to these findings, we designed a programme of events around England. Two events for women were held in each regional area:

1. **Learning Day for Practitioners**

This conference style day brought together practitioners from a wide range of services. Content included presentations on the interface between domestic abuse and substance use, workshops on trauma-informed work and child to parent abuse, and group discussion sessions to network, and to learn what was working well in local areas, and what key issues were seen as challenges in this work.

2. **Healthy Relationship Champions Day**

This workshop day was designed for women who had formal or informal voluntary mentoring or advocacy roles within their organisations or communities, and wanted to learn more about these issues to support other affected women. Workshops supported women to better identify and understand different forms of domestic abuse where there is drug or alcohol use in the home. They also encouraged sharing of experiences between women, and participation in a range of wellbeing activities. These were designed to model the importance of self-care, and to provide inspiration to women for activities they could take back to their own groups and networks.

Each pair of events was held in six locations across England:

- North East (Durham and Sunderland)
- London
- Birmingham
- Manchester
- Bristol
- Leeds

Event details were circulated via Adfam's regional network mailing lists and national communications channels, and were widely circulated through local partner networks. A large number of services and individuals represented were not themselves currently on Adfam's circulation list. It was notable that these events attracted a very wide cohort of attendees, beyond Adfam's typical networks, and beyond the domestic abuse service networks which we specifically targeted in many areas. Representatives came from various

local authority departments covering adult and children's social care, NHS health and mental health services, probation services, drug and alcohol support services, housing providers and from a range of voluntary and community sector services covering domestic abuse, substance misuse and criminal justice.

A total of 189 women practitioners attended the six national events, and 66 women were trained as Healthy Relationship Champions (HRCs).

The programme exceeded its delivery expectations to both HRCs and practitioners and received good feedback about the content of the events, how they were delivered and the benefits of being able to meet people with similar experiences or working in connected, though often separate, fields. The following selection of comments from the project's evaluation give a flavour of the events and their impact.

One woman at an HRC event described how she felt when she left:

> *I had a spring in my step and a smile on my face and it empowered me as I didn't feel alone. It's amazing what a day like that can do.*
>
> **Healthy Relationship Champion**

Another talked about the effect it subsequently had on her daily life:

> *For me it was just great to have the opportunity to meet people and have the conversations I did so I can incorporate it in my everyday. It opens things up and adds to my experience so I'm able to address the issues. I feel I am better able to have a personal impact from learning from others who have gone through it.*
>
> **Healthy Relationship Champion**

One of the events was attended by women from the same fledgling peer support group that had gone on to become more established.

> *We've had some funding since the course to spread awareness of support of women. It's helped us set up a community group and fliers for the group. We were planning to set up a carers' tent at Pride but with Covid-19 haven't been able to. We will do though later.*
>
> **Healthy Relationship Champion**

The workshops at practitioner events around trauma-informed perspectives and child to parent abuse were particularly well-received and most participants felt that they had gained new insights.

> *Understanding that trauma isn't by events happened by is what is left with us.*
>
> **Healthy Relationship Champion**

The feedback from the events showed that the key messages practitioners had taken away were:

- Understanding the elements of PTSD and learning about the different types of trauma.
- Understanding hypo- and hyper-arousal as responses to trauma and strategies to regulate them within a person's window of tolerance.
- The extent and nature of CPA and identifying it as domestic abuse.

- The emphasis on the impacts on family rather substance misusers.
- Recognising that children might be witnessing domestic abuse.

The information provided some immediate benefits, as this woman from a sexual abuse service noted:

> *The information on trauma and child-parent violence- highlighting this was really useful and I now feel more confident about approaching it with clients.*
>
> **Practitioner**

Another practitioner (part of a housing provider) later explained how the event had changed their work practice:

> *The realisation that DV from child to parents/carer is quite high has resulted in refocusing of our DV work to identify and focus more on this area.*
>
> **Practitioner**

From the Frontline

Each practitioner learning day included a 'Taking Perspective' session, designed to enable participants to get to know one another's work a little, and to share their views on how local and national government policy and funding could best improve and support the services on offer to women affected by both domestic abuse and someone else's substance use.

Responses were remarkably consistent across the country, despite a wide variety of service delivery models and provision in place.

What's Working Well?

Practitioners were almost unanimous in their commitment to and enjoyment of the work that they do. Their passion to support women in need was highly evident. Many cited positive examples of partnership work, highly valued colleagues and great work taking place at a local level.

Some practitioners described varied work with small caseloads which enabled them to work flexibly and appropriately with women. They find the work fulfilling, and described seeing transformation in those they work with. Some practitioners also described working for services which are innovative, adaptable and forward-thinking, and where there is scope to try new things. Some services described specialist provision.

Challenges

Budget Cuts and Funding Challenges

Though many are proud of the work they do, and clearly see its effectiveness, there is huge frustration at the limits of what can be achieved as a result of funding restrictions and cuts. This has wide-ranging implications for staff recruitment, training, retention and morale; caseloads; the nature of the work and what it is possible to provide. Practitioners described, in particular, a constant demand to 'do more with less' and the frustration of not being able to do preventative work, feeling that instead they are constantly 'fire-fighting' high risk situations which have escalated out of control. Grief was expressed at the loss of excellent services, delivering meaningful, effective and much-needed work.

Complex and Growing Needs

Substance use and domestic abuse are not the only two issues facing women that practitioners work with. Mental Health challenges, housing problems, debt, gambling, and involvement in the criminal justice system are some of the other issues mentioned. After-care from prison was cited as a particular gap. Practitioners are well aware that complex needs require comprehensive support and interventions; take considerable time, and require a joined-up approve between services as well as provision of appropriate training to keep up to date.

The needs of clients are perceived to be not only more complex, but to be rising in number and severity. This is attributed to long-term austerity, the loss of other services and opportunity for individuals and communities over a long period of time.

Commissioning Silos and Cycles

Particularly stark when considering women affected in these multiple ways, was the impact of different commissioning and funding processes and sources on work with the same individuals. Whilst both drug and alcohol and domestic abuse provision is commissioned through Local Authorities, domestic abuse work comes via social care and also PCC routes, whilst drug and alcohol provision is managed through the public health grant. Often staff in different services find it difficult to know what other services are available locally. Short commissioning cycles and high work pressures make it even more difficult to keep track. Commissioning processes themselves were said to create pressure, waste time and lead to complexity, stress and insecurity for staff and clients alike.

As well as silos across specialisms, there are also silos which mean that work is limited to only the children in a family, or only the woman and not the children. This results in significant needs going unmet where there are not complementary services for other members of the family. Even where there are, it results in complexity, increased expense and delays in the process. There can be a lack of 'common sense', and additional stress and confusion for clients when a worker can deal with only certain issues and must refer or simply refuse to provide support on other, often intertwined, issues.

Workers were frustrated by the lack of a pragmatic, long-term approach. Looking at the cost-benefit over someone's lifecycle would result in radically different decisions and investment. For example, for someone who would benefit from residential rehab, to instead recommend community detox due to lack of funds results in a loss of time, energy and money if that person then ends up doing multiple cycles because this approach is less appropriate for them. Workers would like the freedom to provide services that best meet the needs of the client and invest in their long-term recovery and wellbeing, rather than the low-cost 'sticking-plaster' solution which is often on offer.

Commissioners are said to be interested in success stories and statistics. Workers describe this approach as resulting in "wasted money". Instead, workers would like to be able to communicate the distance travelled by particular clients. Even where the final outcome may not sound impressive, for some clients it represents an enormous achievement, given where they started out.

Lack of Partnership and Preventive Work

While some talked of good working partnerships between agencies, there was frustration at the lack of communication and effective work between others. Financial, time and caseload pressures, and narrow commissioning outcomes mean that workers don't have the time, energy or mandate to build the necessary networks with other services. Often a culture of protectionism and competition develops. This can result in lost opportunities, wasted time or duplicate work which is of great frustration to those on the frontline.

There was huge frustration at the lack of capacity of funding for preventative work or work further 'upstream'. Services were often characterised as 'too little, too late'. The levels of distress and chaos in which clients are trying to live by the time they qualify for services means that opportunities are lost to build resilience and avoid significant pain and distress. Furthermore, there is significant evidence that trauma, anxiety, depression and distress, when untreated, become further entrenched, more difficult to address and are likely to perpetuate longer and cause greater harm. Given this understanding, the lack of opportunity to work with individuals at an earlier stage is particularly galling. It would not only be the more humane approach and prevent untold suffering and harm, but would be more cost-effective and most likely result in better outcomes as well.

Need for a Tailored Approach

Practitioners were keen to highlight the need for tailored approaches, which suit the individual in front of them. One-size-fits all approaches are not effective and do not take account of the often complex needs and situations of their clients. The role of trauma further means that sensitivity is needed, and an approach which identifies the most appropriate next steps for each individual client, at their own pace. 'Tick-box' approaches and exclusion based on strict criteria were particularly maligned. These approaches can lead to a lack of professional curiosity resulting in women 'falling through the gaps' or increased risk. Pressures on funding and caseloads mean that there is often a shift to these kinds of approaches in order to reduce the time spent with women, or to address risk-driven agendas. However, it is rarely the most effective approach for the women concerned.

Related to this, there is a need to recognise that the needs of clients may not fall along the narrow provision for a particular service. Maslow's (1943) hierarchy of needs highlights that if safety, housing, food and self-esteem are not in place, a woman is not in a position to engage in support for drug and alcohol issues, for example. Yet often services require a level of adherence to pathways, without which a woman is discharged and seen as uncooperative. This fails to recognise and take account of basic human needs and

functioning.

The Need for Legal Advice

Practitioners described the need for legal services for women affected by domestic abuse. They described court services 'throwing people in to the fire'. Whilst domestic abuse services do what they can to support women, they described the absence of specialist legal provision or the cost and difficulty of accessing this which means information and advice is often not available, putting women at greater risk of harm.

Appropriate Professional Support for Workers

Doing complex work with women who are often traumatised is a challenging professional environment for workers. The pressure of financial constraints and large caseloads puts further pressure on frontline workers and managers. Yet there is a shocking lack of structured support for workers. Very few are provided with regular mandatory (or even optional) clinical supervision or support with their own self-care and wellbeing. In an environment where the risk of vicarious traumatisation is high, this can become an unhealthy and draining environment in which to work. Whilst workers described wonderful, supportive colleagues and work that could be rewarding, the lack of support structures and recognition of those working in these roles is of great concern. It is difficult to see how these circumstances and strain on workers would not affect their own wellbeing, the effectiveness of work in the long term, and their own personal lives.

This challenge also extended to training provision for workers. Inappropriate and wasteful approaches were described, such as one worker expected to disseminate training to others, despite not being trainers themselves and this often not being an effective means of learning. Conversely, whole teams sent on training not relevant to everyone, exhausting valuable time and resources.

Additional Challenges for BAME Women

Women from black, minority ethnic and other minority communities face additional challenges, and there is often a lack of specialist or appropriate support. Cultural or language barriers, community pressures or different understandings and attitudes to drugs, alcohol and domestic abuse are some of the factors in play. Addressing the needs of these women is complex and requires tailored solutions. Expecting women from BAME communities to be able and willing to access services designed within and for white British cultural norms is inappropriate and in practice excludes women from support.

RECOMMENDATIONS

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For Local Authorities and Commissioners

Frontline-led, collaborative, client-centred approaches

In a context of limited resources, complex need and rapidly-changing circumstances, there is a need to make optimal use of the expert knowledge and experience of those on the front line. It is clear that workers know their clients, care deeply, and have their best interests at heart; yet they are constrained by systems and top-down mandates. With greater autonomy and flexibility, services could have the freedom to focus resources to meet client need to best effect.

Specialist provision

Within a flexible, client-centred approach, services must be free to seek out, employ or build partnerships with specialists to meet particular needs. This may be to support different language or cultural groups, to provide legal or specialist mental health advice or to meet the unique requirements of a particular client such as a specific educational need or provision of equipment.

Information-sharing

This flexibility would be framed by clear information-sharing protocols which allow services to work together for the best outcomes. Time and again serious case reviews, domestic homicide reviews and other inquiries find that information has not been shared in a timely and appropriate way, and that this has led to poorer (or even fatal) outcomes for clients. Services and workers need to be free of bureaucratic constraints, whilst continuing to respect the privacy and confidentiality needs of clients. Consent-based approaches which anticipate information-sharing requirements would represent a much-needed cultural shift. Too often, fear of policy breaches prevents a compassionate, common-sense approach which would lead to better service provision and avoid harm.

Commissioning Changes

Commissioning silos and short cycles multiply work and increase the challenges of services and clients. Services end up diverting valuable energy and resources to maintaining their survival where this could better be directed to frontline work and client support. Especially when resources are stretched, competition replaces collaboration. These are natural responses and there is a need to the system itself to change to better facilitate the work that it is designed to deliver.

For Government and Policy

At a policy level, there is a need to recognise that meeting the needs of those in need requires a person-centred approach, rather than one that is issue-led. Expecting the complex needs of human beings who have often experienced severe and extended trauma to fit easily into service designs based on efficiency or specialist approaches or issues, is naïve and doomed to failure. There is a need for service provision which sees the person first and the problems they face as symptomatic of their context and experience, rather than a problem located in themselves. A long term, needs-led approach requires investment, but would provide the space and opportunity for genuine change and recovery. Investment in preventive approaches further 'up-stream' would also prevent significant escalating harm and distress, and provide workers with greater opportunities to intervene at stages that could break inter-generational and family cycles of trauma, poverty and ill health.
Greater recognition of issues such as child to parent abuse, and the additional barriers facing those from BAME communities, would help to bring these injustices into the open and give women the support that they need.

Recognising the specialised and challenging roles of those on the front line and providing sufficient resources for them to be appropriately rewarded and supported, is also necessary if this sector is to rise to the challenges presented.

2020/21 UPDATE

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2020 Update

The unprecedented events of 2020, dominated by the Covid-19 pandemic and associated lockdowns, have had a significant impact on the experiences of women affected by both another's substance use and domestic abuse, and on awareness and service provision.

Domestic Abuse

It has been well documented that the lockdown measures imposed in the UK in March 2020 as a result of the global COVID-19 pandemic served to compound domestic abuse against women (Women's Aid, 2020). Restrictions on movement meant that millions of women experiencing domestic abuse were trapped at home with their perpetrator. In the first seven weeks of lockdown, there was one domestic abuse call to emergency services every 30 seconds. Helpline calls increased by 49% early in lockdown (BBC news report, 26.4.20) and visits to the National Domestic Abuse Helpline's website increased 950% above pre-pandemic levels (Refuge, 2020). Two-thirds of women in abusive relationships have reported suffering more violence during lockdown, and three quarters say lockdown has made it harder for them to escape their abusers (Ibid). Increased media coverage of the issue, as well as high profile campaigns led by charities such as Women's Aid, Agenda, and Refuge has brought domestic abuse to the attention of the general public and policy-makers. The government responded by releasing an additional £2 million for helplines, as well as a further £25 million as part of a £76 million government package to support charities supporting vulnerable people in the aftermath of the lockdown. This fund will be distributed through the Police and Crime Commissioners and the national Rape and Sexual Abuse Support Fund to support domestic abuse survivors and to reduce perpetration[3]. The sector has welcomed the focus on perpetrator reduction strategies but called for more funding here.

2020 has been a dynamic year for legislation relating to domestic abuse. The Domestic Abuse Bill 2020 has been passed by the House of Commons and is currently in the process of being voted through the House of Lords before it returns to the House of Commons for its final reading. It will bring about key legislative and funding changes, including:

[3] For a more details, see: https://www.gov.uk/guidance/covid-19-funding-for-domestic-abuse-and-sexual-violence-support-services

i) The establishment of the office of an Independent Domestic Abuse Commissioner, who will have key powers and functions to lead on the response to domestic abuse. Nicole Jacobs, the new Commissioner, came into post in 2019, but her position will be formalised by the Bill.

ii) Instating Domestic Violence Protection Orders, which provides safety for the victim by prohibiting the perpetrator from returning home, limiting the increase of risk increasing after reporting.

iii) Prohibiting perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales.

iv) Placing a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.

Home Office (2020b)

Whilst the domestic abuse sector has welcomed these changes, they have also criticised the Bill for being too narrow in its approach and are calling for more nuance. The Bill is currently in its report stage and organisations working with women affected by domestic abuse have lobbied to make key changes[4], calling upon the government to extend the statutory duty beyond refuges to ensure that community services make trained enquires about domestic abuse.

Substance use and families

The lockdown measures imposed in March 2020 had implications for family members affected by a loved one's drug or alcohol use. Organisations and services supporting those who are problematically using drugs and alcohol have reported an increase in use since the beginning of 2020(see Alcohol Change UK 2020, Institute of Alcohol Studies 2020) and we know that this has a direct impact on those around them. In April 2020 Adfam ran a survey to look at how some of the daily challenges faced by these families might be being further exacerbated. 88% of respondents said the lockdown had a negative impact of their family member's drug or alcohol problem and 85% said the lockdown was making it harder for them to cope with supporting their loved one (Adfam, 2020).

[4] For a full list of joint recommendations from the Domestic Abuse sector, see: https://www.womensaid.org.uk/wp-content/uploads/2020/07/Joint-Recommendations-on-the-Domestic-Abuse-Bill-.pdf

We also know that many of those affected by a loved one's drug or alcohol problem have experienced more violence and abuse due to the pressures of being stuck inside during the pandemic. Our survey indicated that 28% have experienced more verbal abuse, and 4% have experienced more physical abuse during the lockdown. Another study specifically looking at child to parent violence has found that 70% of parents who have experienced child and adolescent (ages 10-19) to parent violence saw an increase in violent episodes during the lockdown (Condry and Miles, 2020). The majority of these were mothers rather than fathers, consistent with previous research that CPA is most often directed towards mothers (Condry and Miles, 2014). Drug use was highlighted as one point of contention that led to violent episodes towards parents (Condry and Miles, 2020).

As society recovers from the Covid-19 pandemic; the results of the trauma and hardship experienced during lockdown will continue to be felt for many years to come. It will be essential that the increased awareness of these harms is not allowed to diminish; that we continue to bring it back to public consciousness, to advocate for those affected and to fight for the long-term support required to recover and thrive despite the experiences of 2020.

Conclusion

During the course of Adfam's Women's Project spanning from 2017-2020, a number of worrying patterns emerged. The nature of the problems faced by women in need are becoming more complex, and the needs themselves are multiplying. At the same time, practitioner caseloads are increasing, and funding is ever more stretched. The Covid-19 pandemic has exacerbated the harms experienced by families affected by someone else's problematic drug and alcohol use, and lockdown has compounded the risk of domestic violence. However, Adfam found that practitioners have a clear sense of the actions required to build robust, person-centred and inclusive services. Practitioners working with women affected by domestic abuse and somebody else's drug or alcohol use are passionate about working collaboratively with services and experts in different fields to meet the needs of the women they serve. It is now incumbent on policy makers and service commissioners to adopt these objectives also.

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